

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | 1 | | | | | |
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| TOTAL IND | 74 | | | | | |
| TOTAL DEP | | | | | | |
| TOTAL CLAIMS | 88 | | | | | |

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| 51 | 1 | | | | | |
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| 54 | 2 | | | | | |
| 55 | 2 | | | | | |
| 56 | 1 | | | | | |
| 57 | 1 | | | | | |
| 58 | 1 | | | | | |
| 59 | 1 | | | | | |
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| 61 | 35 | | | | | |
| 62 | 10 | | | | | |
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| TOTAL IND | | | | | | |
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